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METROPOLITAN LIFE INSURANCE COMPANY

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Growth in Hospital Utilization

A DISTINCTIVE feature of recent medical practice has been the rapid development and increasing utilization of hospital facilities and services. The number of patients admitted to hospitals in the United States increased from about 10 million in 1940 to more than 23½ million in 1959; the admission rate rose correspondingly from 76 to 133 per 1,000 population. Not only have hospitals throughout the country been serving an increasing number of patients, but they have also been devoting more and more effort to the training of medical personnel and to research. To focus attention on the vital part that hospitals play in meeting the medical needs of the American people, the country is observing National Hospital Week, May 7-13.

The modern hospital is a complex institution in terms of both equipment and technical skills. Table 1 shows the proportion of non-Federal short-term general and special hospitals with specified types of facilities and services; these hospitals accounted for at least 90 percent of all hospital admissions in the United States during 1959. More than 9 out of every 10 short-term hospitals had operating rooms, clinical laboratories, X-ray diagnostic service, and electrocardiographic equipment; nearly as high a proportion had obstetrical delivery rooms. About three fifths were equipped with special nurseries for prematurely born babies, and nearly one half had postoperative recovery rooms. Although X-ray therapy apparatus was not as common, more than one third of all short-term hospitals had such equipment; one fifth provided radioactive isotope therapy. The larger hospitals are, generally, particularly well equipped to offer special services.

One measure of the growth of hospital utilization is the increase in hospitalized births. The number of such births in the United States has risen from less than 1⅓ million in 1940 to more than 4 million annually in the past few years. The proportion of babies born in hospitals has increased correspond-

TABLE 1 — SHORT-TERM GENERAL AND SPECIAL HOSPITALS* WITH SPECIFIED FACILITIES

Hospitals Reporting to American Hospital Association, 1959

Type of Facility	Percent Reporting Specified Facility							
	Total	By Size of Hospital (Number of Beds)						
		Under 25	25-49	50-99	100-199	200-299	300-499	500 and Over
Operating room	95	88	94	95	98	97	97	99
Clinical laboratory	94	81	91	95	99	99	100	100
X-ray, diagnostic	94	81	91	96	99	98	100	99
Electrocardiograph	91	77	88	92	97	98	100	99
Obstetrical delivery room	88	80	88	87	91	92	93	94
Premature nursery	58	34	42	55	71	85	91	94
Postoperative recovery room	47	13	19	43	73	86	92	91
X-ray, therapeutic	37	6	7	23	65	86	96	99
Radioactive isotope therapy	20	1	2	7	28	58	76	87

*Except Federal.
Source: *Hospitals*, August 1, 1960, Part 2, pp. 392-396.

ingly from 56 percent to about 96 percent. Undoubtedly, the growing popularity of hospitalized births has been an important factor in the reduction of the maternal mortality rate in the United States from 38 per 10,000 live births in 1940 to about 3 per 10,000 at present.

With more and more patients being admitted to hospitals for diagnosis and treatment, the number of terminal cases occurring in such institutions has been rising. As the table on page 3 shows, the number of hospital deaths increased from nearly 644,000 in 1949 to somewhat over 877,000 in 1958, the latest year for which such data are available. Deaths in hospitals accounted for 53 percent of all deaths in the United States during 1958, compared with 45 percent in 1949. The number of deaths in hospitals attributed to the major cardiovascular-renal diseases rose from nearly 262,000 in 1949 to somewhat over 411,000 in 1958, increasing from 35 to 45 percent of the total mortality from these diseases. At the same time, cancer deaths in hospitals gained in frequency from 98,000 to 156,000, and rose from 47 to 61 percent of all deaths from malignancy.

In increasing numbers, the American people are relying on voluntary health insurance to meet hospitalization and other medical costs. It is estimated by the Health Insurance Institute that at the end of 1960 about 132 million people in the United States were protected against the expenses of hospital care, a gain of nearly 25 million in five years. At the close of last year,

there were 118 million people with surgical expense insurance, 86 million with regular medical expense insurance, and approximately 25 million with major medical expense coverage.

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TABLE 2—PROPORTION OF DEATHS OCCURRING IN HOSPITALS

Selected Causes. United States, 1958 and 1949

Cause of Death	Number of Deaths				Percent of Deaths in Hospitals	
	Total		In Hospitals			
	1958	1949	1958	1949	1958	1949
All Causes	1,647,886	1,443,607	877,174	643,782	53.2	44.6
Tuberculosis	12,361	39,100	9,592	26,899	77.6	68.8
Communicable diseases of childhood*	815	2,736	503	1,359	61.7	49.6
Acute poliomyelitis	255	2,720	228	2,510	89.4	92.3
Malignant neoplasms	254,426	206,325	155,760	97,737	61.2	47.4
Benign neoplasms	4,961	5,861	3,880	4,263	78.2	72.7
Diabetes mellitus	27,501	25,089	16,803	12,591	61.1	50.2
Major cardiovascular-renal diseases	907,316	746,434	411,466	261,736	45.3	35.1
Influenza and pneumonia, except pneumonia of newborn	57,439	44,640	34,558	21,798	60.2	48.8
Ulcer of stomach and duodenum	10,801	7,809	9,250	6,283	85.6	80.5
Appendicitis	1,845	3,744	1,714	3,407	92.9	91.0
Hernia and intestinal obstruction	8,853	9,854	7,716	8,137	87.2	82.6
Gastritis, duodenitis, etc.	7,838	9,970	5,893	5,988	75.2	60.0
Cirrhosis of liver	18,638	13,694	14,221	8,990	76.3	65.7
Deliveries and complications of pregnancy	1,581	3,216	1,319	2,480	83.4	77.1
Congenital malformations	21,411	18,864	17,944	14,366	83.8	76.2
Certain diseases of early infancy	68,960	64,179	64,175	54,270	93.0	84.6
Motor vehicle accidents	36,981	31,701	15,918	15,797	43.0	49.8
All other accidents	53,623	58,405	25,091	27,197	46.8	46.6

*Measles, scarlet fever, whooping cough, and diphtheria.
Source: Reports of National Office of Vital Statistics.

Recent Population Trends in Large Cities

IN the past decade, the large cities in the northeastern and north-central areas of the United States lost population, while those in the South and the West increased their number of residents by about one fifth. For the large cities—those with 250,000 or more residents in 1950—as a group, the population gain between 1950 and 1960 was 4.4 percent, which compared with an increase of 18.5 percent for the

POPULATION TRENDS, 1950-1960

Cities with 250,000 or More Residents in 1950*

Region and City	Population		Percent Change†
	1950	1960	
United States	34,832,955	36,375,382	4.4
Northeast	13,092,225	12,618,716	— 3.6
New York, N. Y.	7,891,957	7,781,984	— 1.4
Philadelphia, Pa.	2,071,605	2,002,512	— 3.3
Boston, Mass.	801,444	697,197	—13.0
Pittsburgh, Pa.	676,806	604,332	—10.7
Buffalo, N. Y.	580,132	532,759	— 8.2
Newark, N. J.	438,776	405,220	— 7.6
Rochester, N. Y.	332,488	318,611	— 4.2
Jersey City, N. J.	299,017	276,101	— 7.7
North Central	11,305,625	11,219,846	— .8
Chicago, Ill.	3,620,962	3,550,404	— 1.9
Detroit, Mich.	1,849,568	1,670,144	— 9.7
Cleveland, Ohio	914,808	876,050	— 4.2
St. Louis, Mo.	856,796	750,026	—12.5
Milwaukee, Wis.	637,392	741,324	16.3
Minneapolis, Minn.	521,718	482,872	— 7.4
Cincinnati, Ohio	503,998	502,550	— .3
Kansas City, Mo.	456,622	475,539	4.1
Indianapolis, Ind.	427,173	476,258	11.5
Columbus, Ohio	375,901	471,316	25.4
St. Paul, Minn.	311,349	313,411	.7
Toledo, Ohio	303,616	318,003	4.7
Akron, Ohio	274,605	290,351	5.7
Omaha, Nebr.	251,117	301,598	20.1
South	5,462,656	6,608,899	21.0
Baltimore, Md.	949,708	939,024	— 1.1
Washington, D. C.	802,178	763,956	— 4.8
Houston, Texas	596,163	938,219	57.4
New Orleans, La.	570,445	627,525	10.0
Dallas, Texas	434,462	679,684	56.4
San Antonio, Texas	408,442	587,718	43.9
Memphis, Tenn.	396,000	497,524	25.6
Louisville, Ky.	369,129	390,639	5.8
Atlanta, Ga.	331,314	487,455	47.1
Birmingham, Ala.	326,037	340,887	4.6
Fort Worth, Texas	278,778	356,268	27.8
West	4,972,449	5,927,921	19.2
Los Angeles, Calif.	1,970,358	2,479,015	25.8
San Francisco, Calif.	775,357	740,316	— 4.5
Seattle, Wash.	467,591	557,087	19.1
Denver, Colo.	415,786	493,887	18.8
Oakland, Calif.	384,575	367,548	— 4.4
Portland, Oreg.	373,628	372,676	— .3
San Diego, Calif.	334,387	573,224	71.4
Long Beach, Calif.	250,767	344,168	37.2

*Listed within each geographic region according to population in 1950.

†Minus sign (—) denotes decrease.

Source: Decennial Censuses; 1950 from Vol. I, Chapter 1, Table 23, and 1960 from Series PC(A1).

country as a whole. The details for the 41 cities under review are shown in the table on page 4.

All eight large cities in the Northeast lost population during the 1950's. The decreases ranged from more than 10 percent in Boston and Pittsburgh to 1.4 percent in New York City; in the latter, the population fell from 7,891,957 in 1950 to 7,781,984 in 1960.

The population trend in the midwestern cities varied with size. Thus, all the cities with less than 500,000 residents in 1950 experienced increases, whereas the larger cities, except Milwaukee, sustained decreases. It is noteworthy that in Milwaukee, as well as in Kansas City, Indianapolis and Omaha, all or most of the population increase resulted from the annexation of surrounding territory.

A majority of the large cities in the South and West grew rapidly between 1950 and 1960. San Diego led all of the 41 large cities, its population increasing 71.4 percent —from 334,387 to 573,224. Five other cities, namely, Houston, Dallas, San Antonio, Atlanta, and Long Beach, recorded gains of at least 37 percent, growing at more than twice the national rate. Los Angeles also had a vigorous growth, its population expanding by 25.8 percent, to 2,479,015 in 1960. This is in sharp contrast to the experience of the other four cities with over one million residents, each of which lost population. As a result of these contrasting trends, Los Angeles has overtaken Philadelphia, and now is the third largest city in the country.

Migration has been an important factor in the differential rates of population growth within the United States.* In the North, for example, many families left the large cities for the suburbs or smaller cities. As a result, the areas outside the large cities in the North increased their population almost 22 percent, whereas the cities themselves, as already noted, lost population. By contrast, in the South the large cities have tended to grow at the expense of the towns and rural areas. At the same time, California has attracted large numbers of people from other States. Most of the newcomers to the West have settled in the less-populated communities, as evidenced by the fact that the areas outside the large cities increased by 6.9 million or 45 percent during the 1950's.

*See the article "Migration to the West Continues," *Statistical Bulletin*, December 1960, page 7.

Incidence of Disability in 1960

DURING 1960, nearly one sixth of the Metropolitan's office and field personnel covered by the Company's Group insurance program was disabled by an illness or injury lasting eight days or more. The disability rate was 156 per 1,000 personnel, which was prac-

tically the same as that in the preceding two years. The stability of the experience for the group as a whole reflects contrasting trends in the disability rate for the two sexes. Among males in the age range 17-64 years, the rate decreased steadily from 114 per 1,000 in 1958 to 107 in 1960; on the other hand, among females at ages 17-59 years,* it rose from 228 to 237 per 1,000.

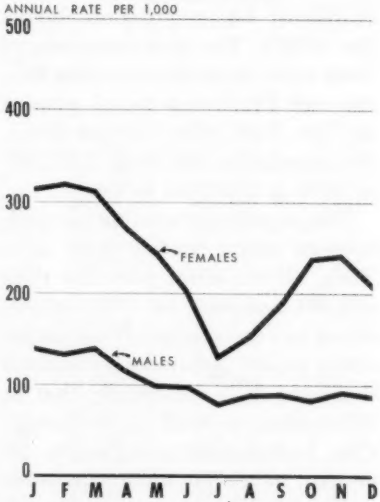
The monthly disability rates are consistently higher and more variable for women than for men, as may be seen in the chart on the right.

Women have higher disability rates than men throughout the main working ages of life, but the degree of disparity varies with age. As the accompanying table shows, the relative frequency of disability among women is only 1⅔ times that among men at ages 17-24, but it increases to 3½ times the rate among men at ages 25-44. This sharp rise reflects the fact that the disability rate among women increases progressively with advance in age whereas among men it is considerably lower at ages 25-44 than at the younger ages. From age 45 to normal retirement age, the rate among women is at least twice that among men, despite the earlier retirement age for females.

The relative incidence of the diseases of the respiratory system as a cause of disability lasting eight days or more decreased in both sexes during the past two years.

MONTHLY VARIATION IN INCIDENCE OF DISABILITY,* 1960

Males, Ages 17-64; Females, Ages 17-59†
Personnel of the Metropolitan Life Insurance Company



*The date of onset of disability is that on which the person first received payment of a disability benefit under the Company's Group insurance plan; this excludes the first seven days of disability. Personnel in the Pacific Coast States and Canada are not included.

†Normal retirement age is 65 years for men and 60 years for women.

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Among females 17-59 years of age, the disability rate from these conditions fell from 102 per 1,000 in 1958 to 95 in 1960; among males aged 17-64, the rate dropped from 28 to 22 per 1,000. Nevertheless, the diseases of the respiratory system continued to be the leading cause of disability. Among women, these diseases accounted for about two fifths of the new disability cases in 1960; among men, they were one fifth of the total. The disability rate from the respiratory

*Normal retirement age for women is five years below that for men.

diseases was higher for females than for males at every age group, the greatest disparity being recorded at ages 25-44, where the rate for females was about seven times that for males.

Ranking second as a cause of disability among both men and women were the diseases of the digestive system. Although the disability rate for each sex was greater at ages 17-24 than in the next older age group, the highest rate was recorded at ages 45 and over. Among men, the disability rate from the diseases of the digestive system in 1960 fell from 16 per 1,000 at ages 17-24 to 12 at 25-44 years and then rose to 28 at ages 45-64. Females recorded somewhat higher rates

INCIDENCE OF DISABILITY FROM SPECIFIED CAUSES BY SEX AND AGE
Personnel of the Metropolitan Life Insurance Company,* 1960

Cause of Disability	New Cases of Disability Annually per 1,000 Personnel†							
	Males, at Ages				Females, at Ages			
	17-64‡	17-24	25-44	45-64	17-59‡	17-24	25-44	45-59
All Causes	106.7	103.1	71.6	161.5	236.9	173.5	249.3	331.9
Diseases of respiratory system	22.0	30.6	14.0	33.2	94.8	73.6	104.5	120.8
Infectious and parasitic diseases	3.4	9.6	2.6	3.8	9.7	12.5	7.3	7.2
Diseases of digestive system	18.4	16.4	12.2	28.4	23.5	21.3	17.6	33.1
Diseases of circulatory system	16.0	1.4	6.7	32.3	7.5	2.1	5.8	18.5
Diseases of heart	10.0	.7	2.7	22.5	2.2	.4	.9	6.5
Diseases of genito-urinary system	4.9	3.4	3.1	7.8	17.2	11.2	25.1	19.6
Diseases of bones and other organs of movement	9.6	5.5	7.1	13.9	14.0	7.2	13.6	25.9
Neoplasms—total	3.7	3.4	2.9	5.1	16.3	8.1	24.2	22.2
Benign	2.3	3.4	2.1	2.4	14.4	8.1	22.7	16.7
Diseases of eye and ear	2.6	1.4	1.7	4.2	5.3	2.8	5.3	9.4
Diseases of skin and cellular tissue	2.2	5.5	1.8	2.3	5.9	5.7	4.2	7.8
Diseases of nervous system	2.1	—	1.1	3.9	3.4	1.2	3.6	7.2
Psychoneuroses and psychoses	4.3	6.1	3.5	5.4	8.9	5.3	10.9	13.0
Accidental injuries	14.2	18.4	13.0	15.4	23.4	17.2	19.6	37.8
All other causes	3.3	1.4	1.9	5.8	7.0	5.3	7.6	9.4

*Personnel in the Pacific Coast States and Canada are not included.
†The data relate only to disability lasting eight days or more.
‡Normal retirement age is 65 years for men and 60 years for women.

than the males at each age period.

The diseases of the circulatory system rank third as a cause of disability lasting eight days or more among men, but among women they are only a relatively minor cause of disabling illness. In each sex, those disabled by circulatory conditions, particularly heart disease, are largely concentrated past midlife.

Disabling accidents are considerably more common among women than among men at ages 25 and over. Only at 17-24 years do women have an advantage, and even at these ages it is slight, the disability rates from accidental injuries being 17.2 and 18.4 per 1,000 for women and men, respectively. Among males, the highest rate occurs at these younger ages, while among females the peak is reached at the older ages.

The other leading causes of disability—diseases of the genitourinary system, diseases of the bones and other organs of movement, neoplasms, and psychoneuroses and psychoses—likewise are much more frequent among women than among men.

Types of Fatal Heart Disease*

Arteriosclerotic heart disease, including coronary disease, is by far the leading type of fatal heart disease in the United States. It currently accounts for nearly four fifths of all deaths from heart disease among white males, for two thirds of those among white females, and for about half of the total heart disease mortality among nonwhite persons. In a considerable proportion of the deaths ascribed to arteriosclerotic heart disease, hypertension is reported to be an associated or contributory condition.

As the accompanying table shows, deaths from arteriosclerotic heart disease outnumber those from any other type as early as ages 25-34 in each color-sex group except white females, among whom this cause ranks first beginning with ages 35-44. Arteriosclerotic heart disease —largely acute coronary episodes prior to midlife—has attained preeminence at these relatively young ages as the mortality from heart disease of infectious origin has decreased. The proportion of heart disease deaths ascribed to the arteriosclerotic type increases with advance in age, the rise being particularly rapid during early adult life. Among white males, for example, somewhat over half of all heart disease deaths at ages 25-34 are of the arteriosclerotic type, the proportion increasing to nearly 80 percent at 35-44 years, and to about 85 percent in the age range 45-64, after which it decreases moderately.

*This is the second of two articles on heart disease. The first, "Current Morbidity and Mortality from Heart Disease," appeared in the February issue.

MORTALITY FROM DISEASES OF THE HEART BY ETIOLOGICAL TYPE

By Age, Race, and Sex. United States, 1958

Age Period (Years)	Death Rates per 100,000 Population	Percent Distribution of Mortality by Type						
	Diseases of Heart-Total	Total	Congenital*	Rheumatic	Syphilitic	Hypertensive	Arterio-sclerotic (including Coronary)	Other‡
White Males								
All Ages	457.9	100.0	1.5	2.4	0.1	7.3	78.0	10.8
Under 1 Year	229.8	100.0	96.9	†	—	†	0.1	2.9
1- 4	7.9	100.0	84.8	2.5	—	—	1.3	11.4
5-14	3.4	100.0	67.6	14.7	—	†	2.9	14.7
15-24	6.3	100.0	31.7	33.3	—	1.6	14.3	19.0
25-34	20.1	100.0	6.0	25.4	†	2.5	54.2	11.9
35-44	110.3	100.0	1.0	10.1	†	3.4	78.8	6.8
45-54	405.9	100.0	0.2	5.1	0.1	4.3	84.2	6.0
55-64	1,063.4	100.0	0.1	2.8	0.2	5.9	84.2	6.7
65-74	2,417.5	100.0	†	1.5	0.2	7.8	81.2	9.4
75 and over	5,697.5	100.0	†	0.8	0.1	9.3	73.4	16.4
White Females								
All Ages	310.8	100.0	1.7	3.7	0.1	13.8	66.2	14.5
Under 1 Year	186.8	100.0	96.9	0.2	—	—	0.1	2.9
1- 4	8.2	100.0	85.4	3.7	—	—	†	11.0
5-14	3.1	100.0	67.7	19.4	—	†	3.2	9.7
15-24	4.6	100.0	32.6	37.0	—	2.2	6.5	21.7
25-34	9.9	100.0	11.1	45.5	—	4.0	22.2	17.2
35-44	29.5	100.0	3.4	32.5	†	8.5	43.1	12.5
45-54	109.5	100.0	0.7	19.5	0.3	12.1	57.7	9.7
55-64	392.2	100.0	0.2	7.6	0.1	13.6	69.4	9.1
65-74	1,335.3	100.0	0.1	2.6	0.1	14.3	72.0	10.9
75 and over	4,750.1	100.0	†	1.0	†	14.5	66.3	18.2
Nonwhite Males								
All Ages	337.0	100.0	2.3	2.4	1.3	21.6	54.0	18.3
Under 1 Year	212.3	100.0	92.5	0.5	—	—	0.3	6.6
1- 4	11.1	100.0	78.4	2.7	—	—	—	18.9
5-14	4.0	100.0	42.5	37.5	—	—	2.5	17.5
15-24	9.9	100.0	12.1	34.3	—	5.1	16.2	32.3
25-34	45.3	100.0	2.6	16.8	0.7	18.1	40.0	21.9
35-44	171.8	100.0	0.9	7.4	1.5	22.8	49.8	17.7
45-54	526.1	100.0	0.1	3.1	1.7	23.6	56.0	15.5
55-64	1,266.6	100.0	0.1	1.8	2.0	22.2	57.1	16.8
65-74	2,803.8	100.0	†	1.0	1.1	22.7	56.7	18.5
75 and over	3,814.2	100.0	—	0.9	0.6	21.0	55.1	22.5
Nonwhite Females								
All Ages	275.1	100.0	2.5	3.1	0.6	30.7	45.4	17.7
Under 1 Year	193.8	100.0	91.4	0.4	—	—	0.4	7.9
1- 4	10.9	100.0	70.6	3.7	—	0.9	0.9	23.9
5-14	4.6	100.0	34.8	47.8	—	—	2.2	15.2
15-24	11.5	100.0	14.8	40.0	0.9	5.2	10.4	28.7
25-34	40.5	100.0	3.0	22.2	0.2	20.0	30.1	24.4
35-44	128.3	100.0	0.7	9.7	1.1	34.3	36.9	17.3
45-54	400.1	100.0	0.3	4.3	0.9	36.8	43.6	14.2
55-64	996.0	100.0	0.1	1.9	0.7	34.1	47.3	15.9
65-74	2,133.9	100.0	†	1.0	0.5	31.4	49.4	17.7
75 and over	3,150.0	100.0	†	1.0	0.3	27.0	50.0	21.7

*Congenital malformations of the circulatory system. More than 90 percent of the deaths in this classification are due to congenital defects of the heart.

†Less than .05.

‡Includes degenerative heart disease and heart disease unspecified as to type.

Source of basic data: Reports of National Office of Vital Statistics.

The death rate from arteriosclerotic heart disease is considerably higher for males than for females at all ages combined. Among white persons, the ratio of the mortality is about 1¾ to 1; the greatest disparity occurs at ages 35-44, where the death rate for men is 7 times that for women. Among nonwhites the sex difference in the mortality from arteriosclerotic heart disease is smaller than it is among white persons.

Hypertensive heart disease, second in numerical importance, accounts for 7 percent of all heart disease deaths among white males and for twice that proportion among white females. Although the proportion of deaths from hypertensive heart disease is greater for females than for males at every age group among white persons, the actual death rates for females are higher than those for males only at ages 65 and over, where the mortality rates are at a maximum. Among nonwhite persons, hypertensive heart disease is relatively of much greater importance than it is among the white, accounting for a little more than one fifth of all heart disease deaths among the males and for nearly one third among the females.

Rheumatic fever is still a major cause of heart disease mortality in childhood and early adult life. Among white males it outranks every other type at ages 15-24, where it accounts for one third of the total heart disease mortality. Among white females, rheumatic heart disease ranks first in the age range 15-34 years, where it is responsible for a little less than half the total. A generation ago, the mortality from rheumatic heart disease was much higher than it is now. The downward trend reflects the increasing success achieved in the prevention and control of acute rheumatic fever.

The bulk of the cardiac deaths among infants and young children are of congenital origin. Among white persons, for example, congenital defects of the heart are by far the leading cause of heart disease mortality under age 15, and rank only slightly below rheumatic heart disease at ages 15-24. Congenital heart disease takes so large a death toll in infancy that the mortality rate from heart disease as a whole under age 1 is higher than that for any other age group under age 45 for white males and under age 55 among white females.

Deaths ascribed to syphilitic heart disease are very infrequent now, especially among white persons, where such deaths comprise less than 1 percent of the total mortality from heart disease.

The current pattern of heart disease mortality with respect to etiological type does not appear likely to change materially in the near future. Unless there are major advances in the prevention and treatment of arteriosclerotic heart disease, and more particularly coronary artery disease, this type will remain the dominant item in the heart disease picture.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
February, 1961

Cause of Death	Annual Rate per 100,000 Policyholders*				
	February		Year to Date		
	1961	1960	1961	1960	1959
All Causes	740.5	757.2	734.0	741.3	712.0
Tuberculosis (all forms)	5.8	7.6	6.5	6.0	6.1
Communicable diseases of childhood	—	—	0.1	0.1	0.2
Acute poliomyelitis	0.2	—	0.1	0.1	†
Malignant neoplasms	147.7	149.7	145.7	147.3	144.8
Digestive system	46.6	49.6	45.9	48.9	49.9
Respiratory system	23.6	20.9	23.8	20.9	21.6
Diabetes mellitus	14.8	17.8	16.1	16.9	16.0
Diseases of the cardiovascular-renal system	413.4	409.0	404.8	402.4	390.1
Vascular lesions, central nervous system	78.3	74.4	74.9	73.5	76.6
Diseases of heart	302.7	304.6	299.6	300.1	284.5
Chronic rheumatic heart disease	14.3	15.3	12.6	13.4	11.3
Arteriosclerotic and degenerative heart disease	241.3	241.1	241.1	239.7	226.9
Diseases of coronary arteries	143.3	136.6	143.7	138.3	138.9
Hypertension with heart disease	34.1	35.3	32.9	33.7	33.8
Other diseases of heart	13.0	13.0	12.9	13.2	12.4
Nephritis and nephrosis	6.6	8.1	6.4	7.9	8.1
Pneumonia and influenza	23.0	39.7	22.5	31.7	20.7
Complications of pregnancy, childbirth	0.6	0.3	0.6	0.5	0.7
Suicide	5.8	5.9	6.7	5.9	6.7
Homicide	2.9	3.6	2.8	3.5	2.7
Accidents—total	28.8	29.7	32.1	32.3	34.2
Motor vehicle	10.8	13.0	13.4	14.9	15.5
All other causes	97.5	93.9	96.0	94.6	89.8

*These death rates relate to persons insured under Weekly or Monthly premium-paying Industrial policies and Monthly premium-paying Ordinary policies for small amounts of insurance.

†Less than 0.05.

Note—Rates for 1960 and 1961 are provisional.

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